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Quest Diagnostics

Affix  
Or  
Print  
Screening Results  
Here

## Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

### STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name \_\_\_\_\_  
(Print) (First, M.I., Last)

B: SSN or Employee ID No. \_\_\_\_\_

C: Employer Name **DEPT OF PERSONNEL ADM** **562-986-4200**  
Street **PO BOX 3247**  
City, ST ZIP **LONG BEACH CA 90803**

TEST TO BE PERFORMED: ( ) 20588N ALC SCREEN BR/BR

DER Name and  
Telephone No. \_\_\_\_\_

DER Name

DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return Duty ☐ Follow-up ☐ Pre-employment

Affix  
With Tamper  
Evident Tape

### STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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### STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the established procedures, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH\* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE\* use the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS: \_\_\_\_\_

Alcohol Technician's Company \_\_\_\_\_

Company Street Address \_\_\_\_\_

(PRINT) Breath Alcohol Technician's Name (First, M.I., Last) \_\_\_\_\_

Company City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Alcohol Technician \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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### STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test the results of which are accurately recorded on this form.

I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment if the results are 0.02 or greater.

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year